

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022 OF THE CONDITION AND AFFAIRS OF THE

PHP Medicare

NAIC (Group Code 3408 3408 N (Current) (Prior)	IAIC Company Code	16555 Employer's ID N	Number <u>83-2766121</u>
Organized under the Laws of		, St	ate of Domicile or Port of Entry	/ <u>MI</u>
Country of Domicile		United States of	America	
Licensed as business type:		Health Maintenance	Organization	
Is HMO Federally Qualified? Y	'es[] No[X]			
Incorporated/Organized	11/01/2018		Commenced Business	04/01/2019
Statutory Home Office	1400 East Michigan Avenue	, ,		Lansing, MI, US 48912
	(Street and Number)			own, State, Country and Zip Code)
Main Administrative Office		1400 East Michiga		
	Lansing, MI, US 48912	(Street and No	,	517-364-8400
(City or	Γown, State, Country and Zip Code)		(Are	a Code) (Telephone Number)
Mail Address	1400 East Michigan Avenue	,		Lansing, MI, US 48912
	(Street and Number or P.O. Box)		(City or T	own, State, Country and Zip Code)
Primary Location of Books and	Records	1400 East Michig		
	Lansing, MI, US 48912	(Street and No	umber)	517-364-8400
(City or	Fown, State, Country and Zip Code)		(Are	a Code) (Telephone Number)
Internet Website Address		www.phpmichig	gan.com	
Statutory Statement Contact	Nicole Werne	er	, ,	517-364-8400
	(Name) nicole.werner@phpmm.org		(Area Code) (Telephone Number) 517-364-8407	
	(E-mail Address)			(FAX Number)
		OFFICEI	RS	
_	Dennis Jon Reese		Treasurer	Paula Marie Reichle
Interim Chief Financial Officer	Nicole Louise Werner #		Secretary	Joseph James Ruth
		OTHER	₹	
D		DIRECTORS OR		lead house But
Dennis Jo Richard All		Paula Marie	Reichie	Joseph James Ruth
State of County of	Michigan SS	3		
County of	ingriam			
all of the herein described ass statement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require di respectively. Furthermore, the	ets were the absolute property of the sa l exhibits, schedules and explanations th reporting entity as of the reporting perio nnual Statement Instructions and Accou ifferences in reporting not related to a scope of this attestation by the describe	aid reporting entity, for erein contained, anne d stated above, and c nting Practices and F ccounting practices ed officers also includ	ee and clear from any liens o exed or referred to, is a full and if its income and deductions the Procedures manual except to to and procedures, according to es the related corresponding	ring entity, and that on the reporting period stated above, r claims thereon, except as herein stated, and that this it true statement of all the assets and liabilities and of the erefrom for the period ended, and have been completed he extent that: (1) state law may differ; or, (2) that state to the best of their information, knowledge and belief, electronic filing with the NAIC, when required, that is an e requested by various regulators in lieu of or in addition
Dennis J. Ree	ese	Nicole L. W		Paula M. Reichle
President		Interim Chief Finar	ncial Officer	Treasurer
Subscribed and sworn to before day of	e me this		a. Is this an original filing? b. If no, 1. State the amendmen 2. Date filed	t number

ASSETS

		OLIO	Current Year		Prior Year		
		1	2	3	4		
		Aggeta	Nonadmitted Assets	Net Admitted Assets	Net Admitted		
_	P I. (0 I I I. P)	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Assets		
1.	Bonds (Schedule D)	0	U	U	0		
2.	Stocks (Schedule D):						
	2.1 Preferred stocks			0	0		
	2.2 Common stocks	0	0	0	0		
3.	Mortgage loans on real estate (Schedule B):						
	3.1 First liens			0	0		
	3.2 Other than first liens	0	0	0	0		
4.	Real estate (Schedule A):						
	4.1 Properties occupied by the company (less \$0						
	encumbrances)	0	0	0	0		
	4.2 Properties held for the production of income (less						
	\$0 encumbrances)	0	0	0	0		
	4.3 Properties held for sale (less \$0						
	encumbrances)	0	0	0	0		
5.	Cash (\$(221,588), Schedule E - Part 1), cash equivalents						
5.	(\$						
	investments (\$	E ECO 200	0	E ECO 200	01 010 000		
6.	Contract loans, (including \$0 premium notes)			0	0		
7.	Derivatives (Schedule DB)			0	0		
8.	Other invested assets (Schedule BA)			0	0		
9.	Receivables for securities			0	0		
10.	Securities lending reinvested collateral assets (Schedule DL)			0	0		
11.	Aggregate write-ins for invested assets						
12.	Subtotals, cash and invested assets (Lines 1 to 11)	5,560,380	0	5,560,380	21,912,222		
13.	Title plants less \$0 charged off (for Title insurers						
	only)	0	0	0	0		
14.	Investment income due and accrued	26,363	0	26,363	9		
15.	Premiums and considerations:						
	15.1 Uncollected premiums and agents' balances in the course of collection	117,044	37,933	79,111	5,298		
	15.2 Deferred premiums, agents' balances and installments booked but		·		·		
	deferred and not yet due (including \$0						
	earned but unbilled premiums)	0	0	l0	0		
	15.3 Accrued retrospective premiums (\$	•			•		
	contracts subject to redetermination (\$	3/17 255	lo	347,255	329,816		
16			0				
16.	Reinsurance:	0	0		100.750		
	16.1 Amounts recoverable from reinsurers				182,753		
	16.2 Funds held by or deposited with reinsured companies			0	0		
	16.3 Other amounts receivable under reinsurance contracts			0			
17.	Amounts receivable relating to uninsured plans						
18.1	•			0	0		
18.2	Net deferred tax asset			0	0		
19.	Guaranty funds receivable or on deposit			0	0		
20.	Electronic data processing equipment and software	0	0	0	0		
21.	Furniture and equipment, including health care delivery assets						
	(\$0)	0	0	0	0		
22.	Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0		
23.	Receivables from parent, subsidiaries and affiliates						
24.	Health care (\$						
25.	Aggregate write-ins for other than invested assets						
26.	Total assets excluding Separate Accounts, Segregated Accounts and						
	Protected Cell Accounts (Lines 12 to 25)	29,034,870	2,283,962	26,750,908	25,130,599		
27.	From Separate Accounts, Segregated Accounts and Protected Cell						
	Accounts			0	0		
28.	Total (Lines 26 and 27)	29,034,870	2,283,962	26,750,908	25,130,599		
	DETAILS OF WRITE-INS						
1101.							
1102.							
1103.							
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0		
1199.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0		
2501.	Prepaid Miscellaneous	12 086	13 086	0	0		
	Tropara miscorianous	•	13,000				
2502.					•••••		
2503.	Commence of a series with in faulting OF faces and described						
2598.	Summary of remaining write-ins for Line 25 from overflow page				0		
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	13,086	13,086	0	0		

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAP				Drior Voor
		1	Current Year	3	Prior Year 4
			-		
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)	6,359,665	656,912	7,016,577	5,343,133
2.	Accrued medical incentive pool and bonus amounts	1,125,412	0	1,125,412	618,118
3.	Unpaid claims adjustment expenses	110,616	0	110,616	86,238
4.	Aggregate health policy reserves, including the liability of	·			
	\$0 for medical loss ratio rebate per the Public				
	Health Service Act	0 100 000	0	0 100 000	4 070 104
	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				0
7.	Aggregate health claim reserves	0 .	0	0	0
8.	Premiums received in advance	78,456	0	78,456	16,895
9.	General expenses due or accrued				
	Current federal and foreign income tax payable and interest thereon				
10.1	(including \$0 on realized capital gains (losses))	0	0	0	0
	Net deferred tax liability				
	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others	618,889	0	618,889	1,932,561
13.	Remittances and items not allocated	0	0	0	0
	Borrowed money (including \$0 current) and				
	interest thereon \$0 (including				
	\$0 (including	_	_		^
	•				
	Amounts due to parent, subsidiaries and affiliates				
	Derivatives				0
17.	Payable for securities	0 .	0	0	0
18.	Payable for securities lending	0	0	0	0
	Funds held under reinsurance treaties (with \$0				
10.	authorized reinsurers, \$0 unauthorized				
	* *	0			0
	reinsurers and \$0 certified reinsurers)			0	0
20.	Reinsurance in unauthorized and certified (\$0)				
	companies		0	0	0
21.	Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22.	Liability for amounts held under uninsured plans	0	0	0	0
	Aggregate write-ins for other liabilities (including \$0				
20.	current)	0	0	0	0
	Total liabilities (Lines 1 to 23)				
	Aggregate write-ins for special surplus funds				
	Common capital stock				
27.	Preferred capital stock	XXX	XXX	0	0
	Gross paid in and contributed surplus				
	Surplus notes				
	Aggregate write-ins for other than special surplus funds				
	Unassigned funds (surplus)	XXX	XXX	(46,713,108)	(33,692,054)
32.	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26				
	\$	XXX	XXX	0	0
	32.20 shares preferred (value included in Line 27				
	\$0)	XXX	XXX	n	n
22	Total capital and surplus (Lines 25 to 31 minus Line 32)				
34.	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	26,750,908	25,130,598
	DETAILS OF WRITE-INS				
2301.					
2302.					
	Summary of remaining write-ins for Line 23 from overflow page				
		0	0	0	
	Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)			-	0
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
				-	- _
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
	Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0
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STATEMENT OF REVENUE AND EXPENSES

		Currer	Prior Year		
		1 Uncovered	2 Total	3 Total	
1.	Member Months				
	MOTILO MOTILO				
2.	Net premium income (including \$0 non-health premium income)	XXX	74,334,677	51,226,039	
3.	Change in unearned premium reserves and reserve for rate credits	xxx	0	0	
4.	Fee-for-service (net of \$0 medical expenses)	XXX	0	0	
5.	Risk revenue	XXX	0	0	
6.	Aggregate write-ins for other health care related revenues			0	
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
	Hospital and Medical:				
9.	Hospital/medical benefits	0	47,704,757	35,091,867	
10.	Other professional services	0	2,378,675	1,737,906	
11.	Outside referrals	0	6,030,984	4,776,834	
12.	Emergency room and out-of-area	0	2,488,447	1,630,203	
13.	Prescription drugs	0	10,008,207	6,714,174	
14.	Aggregate write-ins for other hospital and medical	0	0	0	
15.	Incentive pool, withhold adjustments and bonus amounts			540,342	
16.	Subtotal (Lines 9 to 15)				
	Less:				
17.	Net reinsurance recoveries	0	54,671	334 , 338	
18.	Total hospital and medical (Lines 16 minus 17)	0	69,504,104	50,156,989	
19.	Non-health claims (net)	0	0	0	
20.	Claims adjustment expenses, including \$4,757,614 cost containment expenses	0	6,071,432	4,068,812	
21.	General administrative expenses	0	13,834,903	9,271,553	
22.	Increase in reserves for life and accident and health contracts (including \$0				
	increase in reserves for life only)	0	(2,872,134)	842 , 134	
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)				
26.	Net realized capital gains (losses) less capital gains tax of \$				
27.	Net investment gains (losses) (Lines 25 plus 26)			25,382	
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered		,,,,,		
20.	\$0) (amount charged off \$	0	0	0	
29.	Aggregate write-ins for other income or expenses		0		
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus				
50.	27 plus 28 plus 29)	XXX	(12,098,554)	(13,088,067)	
31.	Federal and foreign income taxes incurred	XXX	0	0	
32.	Net income (loss) (Lines 30 minus 31)	XXX	(12,098,554)	(13,088,067)	
	DETAILS OF WRITE-INS				
0601.		XXX			
0602.		XXX			
0603		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	
0699.	Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0	
0701.		XXX			
0702.		XXX			
0703		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	
0799.	Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0	
1401.					
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page			0	
1499.	Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0	
2901.	Other		0	0	
2902.					
2903	Summary of romaining write ing for Line 20 from gyarflaw nage				
2998.	Summary of remaining write-ins for Line 29 from overflow page	0		00	
2999.	Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	U	U	U	

STATEMENT OF REVENUE AND EXPENSES (Continued)

2 Prior Year 14
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CASH FLOW

	OAOIII LOW	1	2
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		Current Year	Prior Year
	Cash from Operations	74 404 000	54 700 040
1.	Premiums collected net of reinsurance		
2.	Net investment income		
3.	Miscellaneous income		0
4.	Total (Lines 1 through 3)	71,502,790	51,789,227
5.	Benefit and loss related payments	66,352,210	49,613,614
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		0
7.	Commissions, expenses paid and aggregate write-ins for deductions	21,041,902	13,545,052
8.	Dividends paid to policyholders	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	0	0
10.	Total (Lines 5 through 9)	87,394,112	63,158,667
11.	Net cash from operations (Line 4 minus Line 10)	(15,891,322)	(11,369,440)
Ī	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		n
	12.2 Stocks		
	12.3 Mortgage loans		0
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		0
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	0	0
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		0
	13.2 Stocks		0
	13.3 Mortgage loans	0	0
	13.4 Real estate		0
	13.5 Other invested assets	0	0
	13.6 Miscellaneous applications	0	0
	13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14.	Net increase (decrease) in contract loans and premium notes	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	0	0
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		0
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		8,969,799
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(460,520)	20,969,799
Í	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(16,351,842)	9,600,359
19.	Cash, cash equivalents and short-term investments:		
1	19.1 Beginning of year	21,912,219	12,311,860
	19.2 End of year (Line 18 plus Line 19.1)	5,560,377	21,912,219

Note: Supplemental disclosures of cash flow information for non-cash transactions:	

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		<i>/</i> \(\)	IAL I 313 C		ALIONS D		OI DOSINE				
		1	2	3	4	5	6 Federal Employees	7 Title	8 Title	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Onlv	Vision Only	Health Benefits Plan	XVIII Medicare	XIX Medicaid	Other Health	Other Non-Health
	Niet werenisse in come	74,334,677	(nospital & Medical)	Supplement	Offity	Offig	benefits Plan	74.334.677	iviedicald	Other Health	Non-nealth
2.	Net premium income		u		U) U		0	U	0
	rate credit	0	0	0	0		0	0	0	0	0
3.	Fee-for-service (net of \$0										
	medical expenses)	0	0	0	0) 0 .	0	0	0	XXX
4.	Risk revenue	0	0	0	0) 0 .	0	0	0	XXX
5.	Aggregate write-ins for other health care related revenues	0	0	0	0) 0	0	0	0	xxx
6.	Aggregate write-ins for other non-health care related revenues	0	xxx	xxx	XXX	xxx	xxx	XXX	xxx	XXX	0
7.		74.334.677	0	0	0			74.334.677	0	0	0
8.		47,704,757	n	0	0		, I	47,704,757	0	n	XXX
9.	·	2,378,675	n	0	0			2,378,675	n	n	XXX
10.	Outside referrals	6,030,984		0	n	(, I I.	6.030.984	0	n	XXX
11.			0	0	0	(0	2.488.447	0	0	XXX
12.		10,008,207	0	0	0		, I I.	10.008.207	0	0	XXX
13.	Aggregate write-ins for other hospital and medical	0	0	0	0	() 0	0	0	0	XXX
14.	Incentive pool, withhold adjustments and bonus amounts		0	0	0	(0	947.705	0	0	XXX
15.	Subtotal (Lines 8 to 14)	69,558,775		0	 0	(0	69.558.775	0	0	XXX
_	Net reinsurance recoveries	54.671	0	0	 0		0	54.671	0	0	XXX
17.		69,504,104	0	0	0	(0	69.504.104	0	0	XXX
18.		0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	` ,										
10.		6,071,432	0	0	0		0	6,071,432	0	0	0
20	General administrative expenses	13.834.903	0	0	 0		0	13.834.903	0	0	٥٥
21.		(2,872,134)	0	0	0		0	(2,872,134)	0	0	XXX
22.	Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	Total underwriting deductions (Lines 17 to 22)								Λ		۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
_	Total underwriting gain or (loss) (Line 7 minus Line 23)	(12,203,628)	0		٥٠		,	(12.203.628)	o	n	۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
24.	DETAILS OF WRITE-INS	(12,203,020)	, o	0	0			(12,203,020)	0	0	0
0501.											XXX
0502.											XXX
0503.											XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0		0	0	0	0	xxx
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	(0	0	0	0	XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page	0	xxx	xxx	XXX	xxx	xxx	XXX	xxx	xxx	n
0699.	Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.											XXX
1302.											XXX
1303. 1398.	Summary of remaining write-ins for Line 13 from										XXX
	overflow page	0	0	0	0) 0 .	0	0	0	XXX
1399.	Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0		0	0	0	0	XXX

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ANNUAL STATEMENT FOR THE YEAR 2022 OF THE PHP Medicare

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMILIMS

PART 1 - PREMIUMS	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1 + 2 - 3)
Comprehensive (hospital and medical) individual	0	0	0	0
Comprehensive (hospital and medical) group	0	0	0	0
Medicare Supplement	0	0	0	0
4. Dental only	0	0	0	0
5. Vision only	0	0	0	0
6. Federal Employees Health Benefits Plan	0	0	0	0
7. Title XVIII - Medicare	75,121,089	0	786,412	74,334,677
8. Title XIX - Medicaid	0	0	0	0
9. Credit A&H	0	0	0	0
10. Disability Income	0	0	0	0
11. Long-Term Care	0	0	0	0
12. Other health	0	0	0	0
13. Health subtotal (Lines 1 through 12)	75,121,089	0	786,412	74,334,677
14. Life	0	0	0	0
15. Property/casualty	0	0	0	0
16. Totals (Lines 13 to 15)	75,121,089	0	786,412	74,334,677

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

		1	Compret (Hospital &		4	5	6	7	8	9	10	11	12	13	14
		Total	2 Individual	3 Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
1.	Payments during the year:														
	1.1 Direct	68 , 838 , 605	0 .	0	0	0	0	0	68,838,605	0	0	0	0	0	0
	1.2 Reinsurance assumed	0	0 .	0	0	0	0	0	0	0	0	0	0	0	0
	1.3 Reinsurance ceded	237,424	0	0	0	0	0	0	237,424	0	0	0	0	0	0
	1.4 Net	68,601,181	0	0	0	0	0	0	68,601,181	0	0	0	0	0	0
2.	Paid medical incentive pools and bonuses	440,411	0	0	0	0	0	0	440,411	0	0	0	0	0	0
	Claim liability December 31, current year from Part 2A:	7 040 577		0					7 040 577		0	0			0
	3.1 Direct	7,016,577		0	0	0	0	0		0		0	0	0	0
	3.2 Reinsurance assumed	0	0	0	0	0	0	J0	0	J0	0	0	0	0	0
	3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	3.4 Net	7,016,577	0	U	U	0	U	U	7,016,577	U	0	U		0	U
	4.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	4.3 Reinsurance ceded	0	0 .	0	0	0	0	0	0	0	0	0	0	0	0
	4.4 Net	0	0 .	0	0	0	0	0	0	0	0	0	0	0	0
5.	Accrued medical incentive pools and bonuses, current year	1, 125, 412	0	0	0	0	0	0	, .=• ,=	0	0	0	0	0	0
6.	Net health care receivables (a)	1,900,978	0	0	0	0	0	0	1,900,978	0	0	0	0	0	0
7.	Amounts recoverable from reinsurers December 31, current year	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Claim liability December 31, prior year from Part 2A:	5 040 400							5 040 400						
	8.1 Direct	5,343,133	0	0	0	0	0	0	5,343,133	0	0	0	0	0	0
	8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	8.4 Net	5,343,133	0	0	0	0	0	0	5,343,133	0	0	0	0	0	0
	from Part 2D:	0	0	0	0	0	0		0	0	0	0	0	0	0
				٥	0	0	٥				o	0			0
	9.2 Reinsurance assumed				0	0	0				0	0			0
				 n	0	0	0	0	0 n		0	0		0	U
	9.4 Net	0		0	0	0		0	0	0	0		0	0	0
	bonuses, prior year	618,118	0	0	0	0	0	0	618,118	0	0	0	0	0	0
	Amounts recoverable from reinsurers December 31, prior year	182,753	0	0	0	0	0	0	182,753	0	0	0	0	0	0
	Incurred Benefits: 12.1 Direct	68,611,071	n	n	0	n	n	n	68,611,071	n	0	0	n	n	n
	12.2 Reinsurance assumed	00,011,071	0	0	n	0	0	n	n	0	0	0	0	0	n
	12.3 Reinsurance ceded	54,671		0	0	0	0	0	54,671	0	0	0		0	0 n
	12.4 Net	68,556,400	0	0	Ū		_	0		0	0				0
	Incurred medical incentive pools and bonuses	947,705	0	0			0	0		0	0	0		0	0

⁽a) Excludes \$0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	Comprel (Hospital &		4	5	6	7	8	9	10	11	12	13	14
	Total	2 Individual	3 Group	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other Health	Other Non-Health
Reported in Process of Adjustment:					•	•								
1.1 Direct	44,845	0	0	0	0	0	0	44,845	0	0	0	0	0	0
1.2 Reinsurance assumed	0 .	0	0	0	0	0	0	0		0	0	0	0	0
1.3 Reinsurance ceded	0	0		0	0	0	0	0	0	0	0	0	0	0
1.4 Net	44,845	0							0		0	0	0	0
Incurred but Unreported:														
2.1 Direct	6,971,732	0	0	0	0	0	0	6,971,732	0	0	0	0	0	0
2.2 Reinsurance assumed	0 .	0	0	0	0	0	0	0		0	0	0	0	0
2.3 Reinsurance ceded	0 .	0	0	0	0	0	0	0	0	0	0	0	0	0
2.4 Net	6,971,732	0	0	0	0	0	0		0	0	0	0	0	0
Amounts Withheld from Paid Claims and Capitations:														
3.1 Direct	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3.2 Reinsurance assumed	0 .	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0 .	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:														
4.1 Direct	7,016,577	0	0	0	0	0	0	7,016,577	0	0	0	0	0	0
4.2 Reinsurance assumed	0 .	0		0	0	0	0	0		0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4 Net	7,016,577	0	0	0	0	0	0	7,016,577	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIC	TOTAL METOLI	ILIIIOOIAIIOL	Claim Reserve a	nd Claim Liability	5	6	
	Claims Paid [Ouring the Year	December 31		3		
	1	2	3	4	1	Estimated Claim	
						Reserve and Claim	
	On Claims Incurred		On Claims Unpaid		Claims Incurred	Liability	
	Prior to January 1	On Claims Incurred	December 31 of	On Claims Incurred	In Prior Years	December 31 of	
Line of Business	of Current Year	During the Year	Prior Year	During the Year	(Columns 1 + 3)	Prior Year	
Comprehensive (hospital and medical) individual	0	0	0	0	0	0	
Comprehensive (hospital and medical) group	0	0	0	0	0	0	
	_	_	_	_	_	_	
3. Medicare Supplement	. 0	0	0	0	0	0	
				_			
4. Dental Only	0	0	0	0	0	0	
			_	_		_	
5. Vision Only	. 0	0	0	0	0	0	
				_			
6. Federal Employees Health Benefits Plan	0	0	0	0	0	0	
	0 470 005	77 004 000		7 040 577	0 470 005	5 040 404	
7. Title XVIII - Medicare	3,179,935		0	7,016,577	3, 179, 935	5,343,134	
· · · · · · · · · · · · · · · · ·					0		
8 Title XIX - Medicaid	. 0	0	0	0	0	0	
					0		
9. Credit A&H	. 0	0	0	0	0	0	
49 - 51 - 131 - 1		0	0		0	0	
10. Disability Income	0	0	0	0	0	0	
44 Jan Tam Con	0	0	0	0	0	^	
11. Long-Term Care	. 0	0	U	0	0	U	
12. Other health	0	0	^	0	0	^	
12. Other nearth	0	0	U	0	0	0	
13. Health subtotal (Lines 1 to 12)	2 170 025	77 661 000	^	7 016 577	2 170 025	E 2/12 12/1	
13. realth subtotal (Lines 1 to 12)	3, 1/9,933		U	7,010,377	3, 179,933	3,343,134	
14. Health care receivables (a)	2 504 440	8.473.370	101 517	E 000 E01	3,765,957	2 264 060	
14. Realiti Care receivables (a)		0,4/3,3/0	101,31/	J3,003,321	3,703,937	3,304,000	
15. Other non-health	0	0	0	0	0	^	
15. Otter flori-nealur	0	0	U	0	0	U	
16. Medical incentive pools and bonus amounts	440 411	0	101 045	1 02/ 267	541,456	618, 118	
16. Medical incentive pools and bonus amounts	440,411	0	101,045	1,024,367	341,436	0 18, 1 18	
17 Tatale (Lines 42 - 44 + 45 + 46)	35.906	69.188.438	(80.472)	2.957.423	(44.566)	2,597,192	
17. Totals (Lines 13 - 14 + 15 + 16)	33,906	09, 100, 438	(00,472)	2,901,423	(44,300)	2,337,192	

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

			С	umulative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2018	2019	2020	2021	2022
1.	Prior	0	C	00	0	0
2.	2018	0	l	00	0	0
3.	2019	XXX		0	0	0
4.	2020	XXX	XXX	24.984	28,239	28.238
5.	2021	XXX	XXX	XXX	51.157	54.501
6.	2022	XXX	XXX	XXX	XXX	77,662

Section B - Incurred Health Claims - Title XVIII

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonu Outstanding at End of Year						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2018	2019	2020	2021	2022		
1. Prior	0	0	0	0	0		
2. 2018	0	0	0	0	0		
3. 2019	XXX	0	0	0	0		
4. 2020	XXX	XXX	30 , 176	28,301	28,238		
5. 2021	XXX	XXX	XXX	57,056	54,602		
6. 2022	XXX	XXX	XXX	XXX	85,703		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

		1	2	3	4	5 Claim and Claim	6	7	8	9 Total Claims and	10
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Adjustment Expenses	Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2018	0	0	0	0.0	0	0.0	0	0	0	0.0
2.	2019	0	0	0	0.0	0	0.0	0	0	0	0.0
3.	2020	30,780	28,238	0	0.0	28,238	91.7	0	0	28,238	91.7
4.	2021	51,666	54,501	0	0.0	54,501	105.5	101	0	54,602	105.7
5.	2022	75,121	77,662	6,044	7.8	83,706	111.4	8,041	111	91,858	122.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Grand Total

			(Cumulative Net Amounts F	Paid	
		1	2	3	4	5
	Year in Which Losses Were Incurred	2018	2019	2020	2021	2022
1.	Prior	0		0	0	0
2.	2018	0		0	0	0
3.	2019	XXX		0	0	0
4.	2020	XXX	XXX	24,984	28,239	28,238
5.	2021	XXX	xxx	XXX	51,157	54,501
6.	2022	XXX	XXX	XXX	XXX	77,662

Section B - Incurred Health Claims - Grand Total

	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonus Outstanding at End of Year							
	1	2	3	4	5			
Year in Which Losses Were Incurred	2018	2019	2020	2021	2022			
1. Prior	0	0	0	0	0			
2. 2018	0	0	0	0	0			
3. 2019	XXX	0	0	0	0			
4. 2020	XXX	XXX	30 , 176	28,301	28,238			
5. 2021	xxx	XXX	XXX	57,056	54,602			
6. 2022	XXX	XXX	XXX	XXX	85,703			

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

		1	2	3	4	5 Claim and Claim	6	7	8	9 Total Claims and	10
	Years in which					Adjustment Expense			Unpaid Claims	Claims Adjustment	
	Premiums were Earned and Claims were Incurred	Premiums Earned	Claims Payment	Claim Adjustment Expense Payments	(Col. 3/2) Percent	Payments (Col. 2 + 3)	(Col. 5/1) Percent	Claims Unpaid	Adjustment Expenses	Expense Incurred (Col. 5+7+8)	(Col. 9/1) Percent
1.	2018	0	0	0	0.0	0	0.0	0	0	0	0.0
2.	2019	0	0	0	0.0	0	0.0	0	0	0	0.0
3.	2020	30,780	28,238	0	0.0	28,238	91.7	0	0	28,238	91.7
4.	2021	51,666	54,501	0	0.0	54,501	105.5	101	0	54,602	105.7
5.	2022	75,121	77,662	6,044	7.8	83,706	111.4	8,041	111	91,858	122.3

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY													
		1	Compreh		4	5	6	7	8	9	10	11	12	13
			(Hospital &	Medical)	-			Federal						
			_					Employees					_	
		Total	Individual	Group	Medicare Supplement	Dental Only	Vision Only	Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Credit A&H	Disability Income	Long-Term Care	Other
1.	Unearned premium reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
2.	Additional policy reserves (a)		0	0	0	0	0				0			0
3.	Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
4.	Reserve for rate credits or experience rating refunds													
	(including \$ 0 for investment income)	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	Aggregate write-ins for other policy reserves	0	0	0	0	0			0	0			0	0
6.	Totals (gross)	2,100,000	0	0	0	0	0						0	0
7.	Reinsurance ceded	0	0	0	0	0	0		0	0			0	0
8.	Totals (Net)(Page 3, Line 4)	2,100,000	0	0	0	0	0	0	2,100,000		0		0	0
9.	Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0	0	0	0	0
10.	Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0	0	0	0	0
11.	Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0	0	0	0	0
12.	Totals (gross)	0	0	0	0	0	0	0	0	0	0	0	0	0
13.	Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
14.	Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0	0
	DETAILS OF WRITE-INS													
0501.														
0502.														
0503.														
0598.	Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
0599.	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0	0
1101.														
1102.														
1103.														
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$2, 100,000 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustme	YSIS OF EXPENSE nt Expenses	3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$0 for occupancy of					
	own building)			0		0
2.	Salary, wages and other benefits	2,082,584	575 , 107	6,056,051	0	8,713,742
3.	Commissions (less \$0					
	ceded plus \$0 assumed)	•		715,311	0	1,029,225
4.	Legal fees and expenses	0	0	0	0	0
5.	Certifications and accreditation fees	11,623	3,210	33,799	0	48,632
6.	Auditing, actuarial and other consulting services	1, 101,576	304,201	3,203,328	0	4,609,105
7.	Traveling expenses	0	0	0	0	0
8.	Marketing and advertising	552,949	152,697	1,607,947	0	2,313,593
9.	Postage, express and telephone	119,040	32,873	346 , 162	0	498,075
10.	Printing and office supplies	54,302	14,996	157,908	0	227,206
11.	Occupancy, depreciation and amortization	0	0	0	0	0
12.	Equipment	0	0	0	0	0
13.	Cost or depreciation of EDP equipment and software		0	0	0	0
14.	Outsourced services including EDP, claims, and other services	550,914	152,135	1,602,029	0	2,305,078
15.	Boards, bureaus and association fees	0	0	0	0	0
16.	Insurance, except on real estate	0	0	0	0	0
17.	Collection and bank service charges	19,146	5,287	55,677	0	80,110
18.	Group service and administration fees	0	0	0	0	0
19.	Reimbursements by uninsured plans	0	0	0	0	0
20.	Reimbursements from fiscal intermediaries	0	0	0	0	0
21.	Real estate expenses		0	0	0	0
22.	Real estate taxes	0	0	0	0	0
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes	77	21	225	0	323
	23.2 State premium taxes		0	0	0	0
	23.3 Regulatory authority licenses and fees			0		0
	23.4 Payroll taxes			56,466		81.246
	23.5 Other (excluding federal income and real estate taxes)			,	0	0
24.	Investment expenses not included elsewhere		0	0	2,175	2,175
25.	Aggregate write-ins for expenses	0	0	0	0	0
26.	Total expenses incurred (Lines 1 to 25)	4.757.614	1.313.818		2.175	(a)19.908.510
27.				2,224,124		2,334,740
28.	, , , , , , , , , , , , , , , , , , ,	,	,	1,819,158		1,905,396
29.	Amounts receivable relating to uninsured plans,	,	0		0	0
30.	Amounts receivable relating to uninsured plans, current year	0	0	0	0	0
31.	Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	4,738,512	1,308,542	13,429,937	2,175	19,479,166
	DETAILS OF WRITE-INS					
2501.						
2502.						
2503.						
	Summary of remaining write-ins for Line 25 from overflow page	0	0 .	0	0	0
	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above) des management fees of \$	0 affiliates and \$	0	0	0	0

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	_
1. U.S. government bonds	(a)0	0
1.1 Bonds exempt from U.S. tax	\ \ /	
1.2 Other bonds (unaffiliated)		
1.3 Bonds of affiliates		
2.1 Preferred stocks (unaffiliated)	1 ' '	
2.11 Preferred stocks of affiliates	` '	
2.2 Common stocks (unaffiliated)	_	
2.21 Common stocks of affiliates		
3. Mortgage loans	` '	0
4. Real estate	` '	
6 Cash, cash equivalents and short-term investments		107,249
7 Derivative instruments		
Other invested assets	1 1 7	0
Aggregate write-ins for investment income		0
10. Total gross investment income	133,603	107,249
11. Investment expenses		(g)2,175
12. Investment taxes, licenses and fees, excluding federal income taxes		
13. Interest expense		(h)0
14. Depreciation on real estate and other invested assets		
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		
17. Net investment income (Line 10 minus Line 16)		105,074
DETAILS OF WRITE-INS		
0901		
0902		
0998. Summary of remaining write-ins for Line 9 from overflow page	_	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	. 0	0
1501	_	-
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0
a) Includes \$	0 paid for accrued div 0 paid for accrued int encumbrances.	vidends on purchases. erest on purchases. erest on purchases.
segregated and Separate Accounts. h) Includes \$		

EXHIBIT OF CAPITAL GAINS (LOSSES)

	EVUIDIT	OF CAPI	I AL GAIN	3 (LU33E	.S)	
		1	2	3	4	5
		Realized Gain (Loss)	Other Realized	Total Realized Capital Gain (Loss)	Change in Unrealized Capital	Change in Unrealized Foreign Exchange
		On Sales or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Capital Gain (Loss)
1.	U.S. Government bonds					
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate			<u></u>		
5.	Contract loans					
6.	Cash, cash equivalents and short-term investmen					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)					
	DETAILS OF WRITE-INS					
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)					

EXHIBIT OF NON-ADMITTED ASSETS

	EXHIBIT OF NON-ADMITTE	L MOSEIS	2	3
		1	2	Change in Total
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)	_	0	0
		0	0	0
2.	Stocks (Schedule D): 2.1 Preferred stocks	0	0	0
	2.2 Common stocks			
		0	0	0
3.	Mortgage loans on real estate (Schedule B):	0	0	0
	3.1 First liens			0
_	3.2 Other than first liens	0	0	0
4.	Real estate (Schedule A):	0		
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale	0	0	0
5.	Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Derivatives (Schedule DB)			
8.	Other invested assets (Schedule BA)			0
9.	Receivables for securities			0
10.	Securities lending reinvested collateral assets (Schedule DL)			
11.	Aggregate write-ins for invested assets			
12.	Subtotals, cash and invested assets (Lines 1 to 11)			
13.	Title plants (for Title insurers only)	0	0	0
14.	Investment income due and accrued	0	0	0
15.	Premiums and considerations:			
	15.1 Uncollected premiums and agents' balances in the course of collection	37,933	29, 151	(8,782)
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
	15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16.	Reinsurance:			
	16.1 Amounts recoverable from reinsurers	0	0	0
	16.2 Funds held by or deposited with reinsured companies	0	0	0
	16.3 Other amounts receivable under reinsurance contracts	0	0	0
17.	Amounts receivable relating to uninsured plans	0	0	0
18.1	Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2	Net deferred tax asset	0	0	0
19.	Guaranty funds receivable or on deposit	0	0	0
20.	Electronic data processing equipment and software	0	0	0
21.	Furniture and equipment, including health care delivery assets			
22.	Net adjustment in assets and liabilities due to foreign exchange rates			
23.	Receivable from parent, subsidiaries and affiliates			
24.	Health care and other amounts receivable			
25.	Aggregate write-ins for other than invested assets			
26.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)			
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28.	Total (Lines 26 and 27)	2,283,962		(922,501)
	DETAILS OF WRITE-INS	, ,	, ,	, , ,
1101.				
1102.				
1103.				
1198.	Summary of remaining write-ins for Line 11 from overflow page			
1199.				0
2501.	Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)		-	
	riepatu Assets			
2502.				
2503.	Common of remaining units inc faul inc 25 from grandless needs			
2598.	Summary of remaining write-ins for Line 25 from overflow page			
2599.	Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	13,086	10,710	(2,376)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE PHP Medicare

			Total Members at End of	_		6
Source of Enrollment	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
Health Maintenance Organizations	5,507	7,167	7,261		7,543	87,783
Provider Service Organizations	0	0	0	0	0	0
Preferred Provider Organizations	0	0	0	0	0	0
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	5,507	7,167	7,261	7,437	7,543	87,783
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of PHP Medicare are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS).

PHP Medicare was formed on November 1, 2018 on a non-stock basis and is a wholly owned subsidiary of Physicians Health Plan (PHP). PHP Medicare operations will commence on January 1, 2020.

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

A reconciliation of PHP Medicare's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

		SSAP#	F/S Page	F/S Line #	2022	2021
NET IN	COME					
(1)	State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	(12,098,554)	(13,088,069)
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(3)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(4)	NAIC SAP (1-2-3=4)	xxx	xxx	xxx	(12,098,554)	(13,088,069)
SURPL	IIQ					
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	12,298,892	10,019,946
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP:					
(7)	State Permitted Practices that increase/(decrease) NAIC SAP:					
(8)	NAIC SAP (5-6-7=8)	XXX	XXX	XXX	12,298,892	10,019,946

B. Use of Estimates

In preparing the financial statements in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual, management makes estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

- 1. Short term investments are stated at amortized cost or at market value depending upon the respective investment.
- Bonds
 Not applicable
- 3. Common stocks are stated at market value.
- Preferred stocks Not applicable
- 5. Mortgage loans Not applicable
- 6. Loan-backed securities Not applicable
- Investments in subsidiaries, controlled and affiliated companies
 Not applicable
- Investments in joint ventures, partnerships and limited liability companies Not applicable
- 9. Derivatives Not applicable
- 10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 54R Individual and Group Accident and Health Contracts.
- Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or les than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- 12. PHP Medicare has adopted the capitalization policy of the parent, PHP. No modifications to this capitalization policy have occurred in the current year.

D. Going Concern

The principle conditions of our current environment that would raise doubt as to the ability of the plan to continue as a going concern would include the variability and uncertainty of the current health care marketplace. While potentially significant, Management has developed plans to alleviate the potential for going concern by reviewing budgeted trends for the Health System as well as PHP Medicare, diversification of the products we offer, and proper underwriting for new and renewing membership.

NOTE 2 Accounting Changes and Corrections of Errors

Not Applicable

NOTE 3 Business Combinations and Goodwill

Not Applicable

NOTE 4 Discontinued Operations

Not Applicable

NOTE 5 Investments

A-K. Not Applicable

L. Restricted Assets

1. Restricted Assets (Including Pledged)

 Restr 	icted Assets (Including Pledged)						
		1				5	
			2	3	4		6
							Percentage
		Total Gross				Percentage	Admitted
		Restricted from	Total Gross	Increase/	Total Current	Gross	Restricted to
	Restricted Asset Category	Current Year	Restricted from	(Decrease)	Year Admitted	Restricted to	Total Admitted
			Prior Year	(1 minus 2)	Restricted	Total Assets	Assets
a.	Subject to contractual obligation for which liability is not shown			0		0.000	0.000
b.	Collateral held under security lending agreements			0		0.000	0.000
C.	Subject to repurchase agreements			0		0.000	0.000
d.	Subject to reverse repurchase agreements						
e.	one, or the second repair and any termination and			0		0.000	0.000
f.	Subject to dollar reverse repurchase agreements			0		0.000	0.000
g.	Placed under option contracts			0		0.000	0.000
h.	Letter stock or securities restricted as to sale - excluding FHLB capital stock						
i.	FHLB capital stock						
j.	On deposit with states	1,125,978	1,114,895	11,083	1,125,978	3.820	4.141
k.	On deposit with other regulatory bodies			0		0.000	0.000
I.	Pledged collateral to FHLB (including assets backing funding agreements)			0		0.000	0.000
	Pledged as collateral not captured in other categories						
	Other restricted assets						
0.	Total Restricted Assets	1,125,978	1,114,895	11,083	1,125,978	3.820	4.141

- Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
 Not Applicable
- Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)
 Not Applicable
- 4. Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements Not Applicable

M-R. Not Applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

NOTE 7 Investment Income

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Nonadmitted

Not applicable.

NOTE 8 Derivatives Instruments

Not Applicable

NOTE 9 Income Taxes

No Significant Change

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

 $\mathsf{A},\,\mathsf{B},\,\mathsf{C},\,\mathsf{D},\,\mathsf{E},\,\mathsf{F},\,\mathsf{G}$

PHP Medicare is solely owned by PHP, an HMO organized under the laws of the state of Michigan, and is a controlled entity of PHP Holdings, LLC ("SHS"). PHP has scheduled a capital contribution of \$15.3 million to PHP Medicare in the first quarter of 2023.

Substantially all administrative services are provided by PHP. PHP Medicare pays PHP for certain administrative expenses incurred by PHP. Amounts due from affiliates are \$0 at 12/31/2022. Amounts due to affiliates of \$1,177,942 at 12/31/22 are related to amounts owed under the management agreements.

H. Amount Deducted for Investments in Upstream Company

Not Applicable

I. Detail of Investment in Affiliates Greater than 10% of Admitted Assets

	Not Applicable
	J. Write-down for Impairments of Investments in Affiliates
	Not Applicable
	K. Foreign Subsidiary Valued Using CARVM
	Not Applicable
	L. Downstream Holding Company Valued Using Look-Through Method
	Not Applicable
	M. All SCA Investments
	Not Applicable
	N. Investment in Insurance SCAs
	Not Applicable
NOTE 11 E	Debt
Not Applica	able
NOTE 12 F	Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
Not Applica	able
NOTE 13 C	Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations
	A. Outstanding Stock
	Not applicable
	B. Dividend Rate of Preferred Stock
	Not applicable
	C. D. E. F Dividend Restrictions
	Dividends are paid as declared by the Board of Directors of PHP Medicare. Under the insurance regulations of Michigan, the maximum amount of dividends that PHP Medicare may pay in a twelve month period is limited to the greater of 10% of surplus or the net gain from operations of the insurer, not including realized capital gains, as of December 31 of the preceding year. PHP Medicare did not declare or pay shareholder dividends in 2022 or 2021.
	G. Mutual Advances to Surplus
	Not applicable
	H. Company Stock Held for Special Purposes
	Not applicable
	I. Changes in Special Surplus Funds
	Not applicable
	J. Changes in Unassigned Funds
	Not applicable
	K. Surplus Notes
	Not applicable
	L. M. Quasi Reorganizations
	Not applicable
NOTE 14 I	inhilities. Continuous ice and Accomments
	iabilities, Contingencies and Assessments
Not Applica	
NOTE 15 L	
Not Applica	
NOTE 16 I	nformation about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk
Not Applica	able
NOTE 17 S	Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
Not Applica	able
NOTE 18 C	Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans
	A. ASO Plans
	Not applicable
	B. ASC Plans
	Not applicable

- C. Medicare or Similarly Structured Cost Based Reimbursement Contract
- 1. Medicare Part D cost-based reimbursements for December 31, 2022, and December 31, 2021, consisted of coverage gap discount of \$857,900 and \$478,401, respectively, and low-income subsidy (cost sharing portion) of \$1,547,801 and \$362,390, respectively.
- 2. As of December 31, 2022, and December 31, 2021, PHP Medicare had recorded receivables from the following payors whose account balances were greater than 10% of PHP Medicare's amounts receivable from uninsured accident and health plans or \$10,000:

	12/31/2022	12/31/2021
Centers for Medicare & Medicaid Services (CMS)	2,405,701	840,791

- 3. In connection with the Medicare Part D cost-based reimbursement portion of the contract, PHP Medicare has recorded no allowances and reserves for adjustment of recorded reimbursement advances as of December 31, 2022, and December 31, 2021.
- 4. Adjustments to revenue resulting from audit of receivables related to revenues recorded in the prior period.

Not applicable

NOTE 19 Direct Premium Written / Produced by Managing General Agents / Third Party Administrators

Not Applicable

NOTE 20 Fair Value Measurement

- A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value
 - (1) Items Measured at Fair Value by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks and mutual funds. The estimated fair value of the equity securities within this category are based on quoted prices in active markets and are therefore classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category, for items measured at fair value on a recurring basis, includes bonds which are not exchange traded and common stock of a subsidiary which is valued using an adjusted market method. The estimated fair values of some of these bonds were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded. The Company has no Level 2 assets or liabilities.

Level 3 - Significant Unobservable Inputs: The Company has no Level 3 assets or liabilities.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value Cash Equivalents	5,781,968	0	0	0	5,781,968
Total assets at fair value	5.781.968	0	0	0	5.781.968

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below. No transfers between Levels 1 and 2 occurred during the current year.

(2) Rollforward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

(3) Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Inputs and Techniques Used for Level 2 and Level 3 Fair Values

The Company has no assets or liabilities measured at fair value in the Level 2 or 3 categories.

(5) Derivative Fair Values

Not applicable

B. Other Fair Value Disclosures Not applicable.

C.Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.

							Not
							Practicable
	Aggregate	Admitted				Net Asset	(Carrying
Type of Financial Instrument	Fair Value	Assets	(Level 1)	(Level 2)	(Level 3)	Value (NAV)	Value))
Cash Equivalents	5,781,968	5,781,968	5,781,968	0	0	0	0
·							

D. Not Practicable to Estimate Fair Value Not applicable

NOTE 21 Other Items

Not Applicable

NOTE 22 Subsequent Events

Subsequent events have been considered through the date of issuance of the statutory financial statements.

PHP is making a capital contribution of \$15.3 million to PHP Medicare in the first quarter of 2023. This contribution was recorded as a receivable under SSAP 72 as of December 31, 2022, resulting in a Company's RBC ratio of 353.215%, above the Company Action Level of 200% and above the 300% requested of the Company's state of domicile. The Company will continue to monitor capital requirements and is prepared to make additional contributions as necessary.

Note 23 Reinsurance

A. Ceded	Reinsurance R	deport
	Section 1	General Interrogatories
	(1)	Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes () No (x)
	(2)	Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (x)
	Section 2	Ceded Reinsurance Report - Part A.
	(1)	Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credit? Yes () No (x)
	(2)	Does the company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsured of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (x)
	Section 3	Ceded Reinsurance Report - Part B.
	(1)	What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0.00
	(2)	Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement to include policies or contracts which were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes () No (x)
B. Uncolle	ctible Reinsura	ance
Not App	olicable	
C. Commu	tation of Cede	d Reinsurance
Not App	olicable	
D. Certified	d Reinsurer Ra	ating Downgraded or Status Subject to Revocation
Not App	olicable	
E. Reinsur	ance Credit	
Not App	olicable	
ΓE 24 Retrospe	ectively Rated	Contracts & Contracts Subject to Redetermination
A-C. The C	ompany does	not participate in traditional retrospectively rated contracts.

NO

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

Not applicable

E. Risk Sharing Provisions of the Affordable Care Act

Not applicable

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2022 were \$5.3 million. As of December 31, 2022, \$3.2 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. There are no reserves remaining for prior years, resulting in favorable prior-year development of approximately \$2.1 million from December 31, 2021 to December 31, 2022. Original estimates increase or decrease, as additional information becomes known regarding individual claims.

NOTE 26 Intercompany Pooling Arrangements

Not Applicable

NOTE 27 Structured Settlements

Not Applicable

NOTE 28 Health Care Receivables

Healthcare receivables include pharmacy rebates PHP Medicare receives from third party vendors. These rebates are calculated using estimates based on per claim guarantee calculations, historical rebate trends and membership. Activity for the previous three years is summarized as follows:

Date	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91to 180 Days of Billing	
12/31/2022	1, 336	1,336	-	-	-
9/30/2022	1,317	1,317	-	-	-
6/30/2022	1, 290	1, 290	-	1, 160	-
3/31/2022	1, 273	1,273	-	1, 160	220
12/31/2021	826	1,629	-	1,522	107
9/30/2021	811	1,856	-	1,626	230
6/30/2021	794	650	-	463	187
3/31/2021	777	523	-	437	86
12/31/2020	486	446	-	358	88
9/30/2020	468	405	-	289	116
6/30/2020	447	0	-	-	0
3/31/2020	433	2	-	-	2

NOTE 29 Participating Policies

Not Applicable

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

2. Date of the most recent evaluation of this liability

3. Was anticipated investment income utilized in the calculation?

\$ 2,100,000.00 February 24, 2023

NOTE 31 Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

1.1	is the reporting entity a member of an Insurance Holding Company System consist an insurer?			Yes [X] No [1
	If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.			100 [/	.] NO [,
1.2	If yes, did the reporting entity register and file with its domiciliary State Insurance such regulatory official of the state of domicile of the principal insurer in the Hold providing disclosure substantially similar to the standards adopted by the Nation its Model Insurance Holding Company System Regulatory Act and model regula subject to standards and disclosure requirements substantially similar to those requirements.	ding Company System, a registral Association of Insurance Cations pertaining thereto, or is	tration statement commissioners (NAIC) in the reporting entity	[X] No [] N/A	[]
1.3	State Regulating?			Mich	igan	
1.4	Is the reporting entity publicly traded or a member of a publicly traded group?			Yes [] No [Х]
1.5	If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by	y the SEC for the entity/group.	<u></u>			
2.1	Has any change been made during the year of this statement in the charter, by- reporting entity?			Yes [] No [Х]
2.2	If yes, date of change:		<u></u>			
3.1	State as of what date the latest financial examination of the reporting entity was	made or is being made	<u></u>	12/31	/2022	
3.2	State the as of date that the latest financial examination report became available entity. This date should be the date of the examined balance sheet and not the					
3.3	State as of what date the latest financial examination report became available to domicile or the reporting entity. This is the release date or completion date of the examination (balance sheet date).	e examination report and not t	he date of the			
3.4	By what department or departments? Michigan Department of Insurance and Financial Services					
3.5	Have all financial statement adjustments within the latest financial examination statement filed with Departments?] No [] N/A	[X]
3.6	Have all of the recommendations within the latest financial examination report b	een complied with?	Yes [] No [] N/A	[X]
4.1 4.2	4.12 renewals? During the period covered by this statement, did any sales/service organization	ne reporting entity), receive cred on direct premiums) of: business?ownownown	dit or commissions for or control	Yes [] No [] No [-
	receive credit or commissions for or control a substantial part (more than 20 per premiums) of: 4.21 sales of new		less measured on direct	Yes [] No [X]
	4.22 renewals?] No [
5.1	Has the reporting entity been a party to a merger or consolidation during the per lf yes, complete and file the merger history data file with the NAIC.	riod covered by this statement	?	Yes [] No [Х]
5.2	If yes, provide the name of the entity, NAIC Company Code, and state of domici ceased to exist as a result of the merger or consolidation.	ile (use two letter state abbrev	iation) for any entity that has			
	1 Name of Entity	2 NAIC Company Code	3 State of Domicile			
6.1	Has the reporting entity had any Certificates of Authority, licenses or registration revoked by any governmental entity during the reporting period?] No [Х]
5.2	If yes, give full information:					
7.1	Does any foreign (non-United States) person or entity directly or indirectly control	ol 10% or more of the reporting	g entity?	Yes [] No [Х]
7.2	If yes, 7.21 State the percentage of foreign control;	s a mutual or reciprocal, the na	ationality of its manager or		0.0	%
	1 Nationality	2 Type of Er	ntitv			

8.1 8.2	Is the company a subsidiary of a depository institution holding company If the response to 8.1 is yes, please identify the name of the DIHC.	y (DING) of a DING lisell, regulated by the Federal				Yes [J	INO	[X]	
8.3 8.4	Is the company affiliated with one or more banks, thrifts or securities fir If response to 8.3 is yes, please provide below the names and location regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission	ms?	egulate	d by a fe	deral	Yes []	No	[X]	
	1	2	3	4	5	6	1			
	Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC	4			
8.5	Is the reporting entity a depository institution holding company with sign Federal Reserve System or a subsidiary of the depository institution ho	olding company?				Yes []	No I	[X]	
8.6	If response to 8.5 is no, is the reporting entity a company or subsidiary Federal Reserve Board's capital rule?	of a company that has otherwise been made subj	ect to the	9	/ac [] No [у 1	N/	ΔГ	1
9.	What is the name and address of the independent certified public acco				103 [] 140 [۸]	11/	٦.	1
٥.	PLANTE & MORAN, PLLC, 27400 NORTHWESTERN HWY, SOUTH	=								
10.1	Has the insurer been granted any exemptions to the prohibited non-aud requirements as allowed in Section 7H of the Annual Financial Reporting law or regulation?	dit services provided by the certified independent programmer in the services provided by the certified independent programmer.	oublic ac intially s	countan imilar sta	t ite	Yes [1	No I	[X]	
10.2	If the response to 10.1 is yes, provide information related to this exemp	otion:					•			
10.3 10.4	Has the insurer been granted any exemptions related to the other requiallowed for in Section 18A of the Model Regulation, or substantially sim If the response to 10.3 is yes, provide information related to this exemp	nilar state law or regulation?	Regulat	ion as		Yes []	No	[X]	
10.5 10.6	Has the reporting entity established an Audit Committee in compliance If the response to 10.5 is no or n/a, please explain	with the domiciliary state insurance laws?] No []	N/	A []
11.	What is the name, address and affiliation (officer/employee of the repolition) of the individual providing the statement of actuarial opinion/certificular Jeremy Kush, FSA, CERA, MAAA, Chicago, IL (Milliman)	rting entity or actuary/consultant associated with a ication?	n actuar	ial consu	ılting					
12.1	Does the reporting entity own any securities of a real estate holding cor					Yes [1	No I	[X]	
		estate holding company				-	-			
	12.12 Number of pare	cels involved				. 0				
	12.13 Total book/adju	usted carrying value				\$				0
12.2	If, yes provide explanation:									
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIE									
13.1	What changes have been made during the year in the United States m.	anager or the United States trustees of the reporti	ng entity	/? 						
13.2	Does this statement contain all business transacted for the reporting er	ntity through its United States Branch on risks whe	rever lo	cated?		Yes []	No	[]	
13.3	Have there been any changes made to any of the trust indentures during	ng the year?				Yes []	No	[]	
	If answer to (13.3) is yes, has the domiciliary or entry state approved th] No []	N/	Α[]
14.1	Are the senior officers (principal executive officer, principal financial offi similar functions) of the reporting entity subject to a code of ethics, which a. Honest and ethical conduct, including the ethical handling of actual or relationships;	ch includes the following standards?				Yes [)	(]	No I	[]	
	b. Full, fair, accurate, timely and understandable disclosure in the perio c. Compliance with applicable governmental laws, rules and regulations		ity;							
	d. The prompt internal reporting of violations to an appropriate person of	or persons identified in the code; and								
4.11	e. Accountability for adherence to the code. If the response to 14.1 is No, please explain:									
14.2	Has the code of ethics for senior managers been amended?					Yes [1	No 1	[X]	
	If the response to 14.2 is yes, provide information related to amendmen	nt(s).				100 [1	110	. ^ 1	
	Have any provisions of the code of ethics been waived for any of the sp					Yes []	No I	[X]	
4.31	If the response to 14.3 is yes, provide the nature of any waiver(s).									

	1	2		3	•	4
	American Bankers Association (ABA) Routing					
	Number	Issuing or Confirming Bank Name	Circumstances	That Can Trigger the Letter of Credit	Am	ount
		204				
		r sale of all investments of the reporting entity passe		of directors or a subordinate committee	Yes [X] No [
	Does the reporting	g entity keep a complete permanent record of the p	roceedings of its board of dir	rectors and all subordinate committees] No [
	Has the reporting part of any of its of	entity an established procedure for disclosure to its officers, directors, trustees or responsible employees	board of directors or trustee that is in conflict or is likely	es of any material interest or affiliation on the to conflict with the official duties of such] No [
	person?				res [A] NO [
			FINANCIAL			
	Has this statemer	nt been prepared using a basis of accounting other	than Statutory Accounting P	rinciples (e.g., Generally Accepted		
	Accounting Princi	iples)?	evelueive of policy loops).		Yes [] No [
	i otal amount loar	ned during the year (inclusive of Separate Accounts	, exclusive of policy loans).	20.11 To directors or other officers		
				20 13 Trustees, supreme or grand		
				(Fraternal Only)	\$	
-	l otal amount of lo	pans outstanding at the end of year (inclusive of Sep	parate Accounts, exclusive o	20.21 To directors or other officers	\$	
	pensy 122112).			20.22 To stockholders not officers		
				20.23 Trustees, supreme or grand (Fraternal Only)	\$	
1	Were any assets obligation being re	reported in this statement subject to a contractual o eported in the statement?	bligation to transfer to anoth	er party without the liability for such		
2	If yes, state the ar	mount thereof at December 31 of the current year:		21.21 Rented from others		
				21.22 Borrowed from others		
				21.23 Leased from others		
	Doos this stateme	ant include nayments for appearments as described	in the Annual Statement Inc	21.24 Other	\$	
ı	guaranty associat	ent include payments for assessments as described tion assessments?	in the Annual Statement ins	structions other than guaranty fund of	. Yes [] No [
2	If answer is yes:			2.21 Amount paid as losses or risk adjustmer		
			2	2.22 Amount paid as expenses	\$	
			2	2.23 Other amounts paid	\$	
ı		g entity report any amounts due from parent, subsid				
2	Does the insurer	y amounts receivable from parent included in the Pautilize third parties to pay agent commissions in whi	ch the amounts advanced by	y the third parties are not settled in full within		
2		24.1 is yes, identify the third-party that pays the ago			100 [] 140 [
			Is the			
			Third-Party Ag a Related Par			
		Name of Third-Party	(Yes/No)			
				1		

25.02	If no, give full and complete information relating thereto						
25.03		e program including value for collateral and amount of loaned securities, and ernative is to reference Note 17 where this information is also provided)					
25.04		amount of collateral for conforming programs as outlined in the Risk-Based Capital					.0
25.05	For the reporting entity's securities lending program, report	amount of collateral for other programs	\$.0
25.06		stic securities) and 105% (foreign securities) from the counterparty at the] No	[] N/	A [X]
25.07	Does the reporting entity non-admit when the collateral reco	eived from the counterparty falls below 100%?] No	[] N/	A [X]
25.08		lending agent utilize the Master Securities lending Agreement (MSLA) to Yes [] No]] N/	A [X]
25.09	For the reporting entity's securities lending program state the	e amount of the following as of December 31 of the current year:					
	25.092 Total book adjusted/carrying value	eral assets reported on Schedule DL, Parts 1 and 2 of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 reported on the liability page	\$. 0
26.1	control of the reporting entity or has the reporting entity solo	ng entity owned at December 31 of the current year not exclusively under the or transferred any assets subject to a put option contract that is currently in 25.03).	. Yes [X]	No	[]	
26.2	If yes, state the amount thereof at December 31 of the curre	26.21 Subject to repurchase agreements 26.22 Subject to reverse repurchase agreements 26.23 Subject to dollar repurchase agreements 26.24 Subject to reverse dollar repurchase agreements 26.25 Placed under option agreements 26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock 26.27 FHLB Capital Stock 26.28 On deposit with states 26.29 On deposit with other regulatory bodies 26.30 Pledged as collateral - excluding collateral pledged an FHLB 26.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$		1,	125,9	.0 .0 .0 .0 .0 78 .0
26.3	For category (26.26) provide the following:			2			
26.3	1 Nature of Restriction	2 Description		3 mou			
	1 Nature of Restriction	Description		mou			
27.1	Nature of Restriction Does the reporting entity have any hedging transactions reporting tr	Description	Yes [mou	No	[X]	
27.1 27.2	Nature of Restriction Does the reporting entity have any hedging transactions and the properties of the properties	Description oorted on Schedule DB?	Yes [mou	No	[X]	
27.1 27.2 INES 2	1 Nature of Restriction Does the reporting entity have any hedging transactions reporting entity have any hedging transactions reporting the second of the hedging programment of the	Description oorted on Schedule DB?	Yes [No] N/	[X] A [X	
27.1 27.2 INES 2	1 Nature of Restriction Does the reporting entity have any hedging transactions reporting entity have any hedging transactions reporting the second of the hedging programment of the	ported on Schedule DB?	Yes [mou	No] N/ No	[X] A [X	
27.1 27.2 LINES 2 27.3	1 Nature of Restriction Does the reporting entity have any hedging transactions reporting entity have any hedging transactions reporting entity have any hedging transactions reporting entity and the hedging production of the	Description orted on Schedule DB? gram been made available to the domiciliary state? ITITIES ONLY: e annuity guarantees subject to fluctuations as a result of interest rate sensitivity?	Yes [Yes [Yes [Yes [Yes [moul	No] N/ No No	[X] A [X] [X] [X]	
27.1 27.2 LINES 2 27.3	Nature of Restriction Nature of Restriction Does the reporting entity have any hedging transactions reported in the statement. 7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENDOES the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize derivatives to hedge variable of the response to 27.41 regarding utilizing the special following: The reporting entity has obtained explicit approval Hedging strategy subject to the special accounting Actuarial certification has been obtained which ind reserves and provides the impact of the hedging strategy entity has obtained which ind reserves and provides the impact of the hedging strategy entity the special accounting actually the special accounti	Description Forted on Schedule DB? Foram been made available to the domiciliary state? Foram been made available to the domiciliary sta	Yes [Yes [Yes [Yes [Yes [No No No No No No No No	X] A [X] [X] [X] [X] A [X]	
27.1 27.2 INES 2 27.3 27.4	1 Nature of Restriction Does the reporting entity have any hedging transactions reporting entity have any hedging transactions reporting entity have any hedging transactions reporting entity attached a description with this statement. 7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENDOES the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize the response to 27.3 is YES, does the reporting entity utilize the response to 27.41 regarding utilizing the special following: The reporting entity has obtained explicit approval Hedging strategy subject to the special accounting Actuarial certification has been obtained which ind reserves and provides the impact of the hedging strategy within VM-21 and that the Clearlits actual day-to-day risk mitigation efforts. Were any preferred stocks or bonds owned as of December	Description Description Dorted on Schedule DB? Page 1 TITIES ONLY: Dorted on Schedule DB? Yes [TITIES ONLY: Dorted on Schedule DB? Yes [TITIES ONLY: Dorted on Schedule DB? Page 2 Tates on Schedule DB? Yes [TITIES ONLY: Dorted on Schedule DB? Yes [TITIES ONLY: TITIES ONLY: Dorted on Schedule DB? Yes [TITIES ONLY: Dorted on Schedule DB? Yes [TITIES ONLY: Dorted on Schedule DB? Yes [TITIES ONLY: Dorted on Schedule DB? Total Only Darken Darken Yes [TITIES ONLY: Dorted on Schedule Darken Yes [TITIES ONLY: T	Yes [mou	No No No No No No No No	[X] X	1
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction Nature of Restriction Does the reporting entity have any hedging transactions reported in the properties of the hedging provides the reporting entity with this statement. 7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENDOES the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize the response to 27.3 is YES, does the reporting entity utilize the response to 27.41 regarding utilizing the special following: The reporting entity has obtained explicit approval Hedging strategy subject to the special accounting Actuarial certification has been obtained which ind reserves and provides the impact of the hedging services and provides the impact of the he	pram been made available to the domiciliary state?	Yes [mou	No No No No No No No No	[X] A [X X] A [X X] A [X X] A [X X] A [X X] A [X X] A [X X X] A [X X X X] A [X X X X X X X X X X X X X X X X X X	1
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction Nature of Restriction Does the reporting entity have any hedging transactions reported in the property of the nedging provides the reporting entity with this statement. 7.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENDOES the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize of the reporting entity utilized entity of the reporting entity in the reporting	ported on Schedule DB?	Yes [mou	No No No No No No No	[X] X [X] [X] [X] [X]	0
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction Nature of Restriction Does the reporting entity have any hedging transactions report of the property of the nedging provided in the nedging strategy subject to the special accounting in the nedging strategy subject to the special accounting in the nedging strategy subject to the special accounting in the nedging strategy subject to the special accounting in the nedging strategy within the nedging strategy in the nedging strategy in the nedging strategy within the nedging strategy within the nedging strategy within the nedging strategy in the nedging st	Description ported on Schedule DB?	Yes [mou	No No No No No No No	[X] X [X] [X] [X] [X]	0
27.1 27.2 IINES 2 27.3 27.4 27.5	Nature of Restriction Nature of Restriction Does the reporting entity have any hedging transactions reported in the property of the hedging provides the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize derivatives to hedge variable of the response to 27.3 is YES, does the reporting entity utilize the response to 27.3 is YES, does the reporting entity utilize of the reporting entity utilized entity of the response to 27.3 is YES, does the reporting entity utilized entity of the response to 27.41 regarding utilizing the special entity of the reporting entity in the response to 27.41 regarding utilizing the special entity of the reporting entity has obtained explicit approval explicitly approval. Hedging strategy subject to the special accounting expression of the hedging strategy within VM-21 and that the Clearlite actual day-to-day risk mitigation efforts. Were any preferred stocks or bonds owned as of December its actual day-to-day risk mitigation efforts. Were any preferred stocks or bonds owned as of December issuer, convertible into equity? If yes, state the amount thereof at December 31 of the current excluding items in Schedule E - Part 3 - Special Deposits, offices, vaults or safety deposit boxes, were all stocks, bonc custodial agreement with a qualified bank or trust company Outsourcing of Critical Functions, Custodial or Safekeeping For agreements that comply with the requirements of the Name of Custodian(s)	Description Outliness of the domiciliary state? Pres [TITIES ONLY: Description Pres [Yes [mou	No No No No No No No No No	[X] [X] [[X] [[X] [[X]	0

	and a complete explanation	on:	·				•	,		
		1 me(s)		Loc	2 cation(s)			3 Complete Explan		
	Have there been any char If yes, give full and comple	nges, including name	changes, in the cust	odian(s) ide	ntified in 29.0°					
	1 Old Custo		New	2 Custodian		3 Date of Change		4 Reas		
	Investment management make investment decision such. ["that have access	s on behalf of the rep	ent advisors, investme	sets that are	rs, broker/dea		duals that			
		1 Name of Firm or Ind	ividual		2 Affiliation] -				
	29.0597 For those firms/in designated with a	dividuals listed in the							Yes	[] No []
		r management aggre	gate to more than 50)% of the rep	porting entity's	invested assets?				[] No []
29.06	For those firms or individu the table below.	als listed in the table		liation code	of "A" (affiliate	, ,	d), provid		for	
	1		2			3		4		5 Investment Managemer
	Central Registration Depository Number	Name	e of Firm or Individua	ıl	Leg	al Entity Identifier (L	EI)	Registered Wit	th	Agreement (IMA) Filed
	Does the reporting entity he Exchange Commission (S If yes, complete the follow	EC) in the Investmer							. Yes	[] No []
	1				2				Book	3 /Adjusted
	CUSIP # 30.2999 - Total			Name of	Mutual Fund				Carry	ring Value 0
30.3	For each mutual fund liste	d in the table above,	complete the following	ng schedule	:					
		1				2		3 Amount of Mut Fund's Book/Adji Carrying Valu	usted le	4
	Name of Mut	ual Fund (from above	a table)	N		cant Holding of the		Attributable to	uie	Date of

GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1	2	3
			Excess of Statement
			over Fair Value (-), or Fair Value over
	Statement (Admitted)		Fair Value over
	Value	Fair Value	Statement (+)
31.1 Bonds	0	0	0
31.2 Preferred stocks	0	0	0
31.3 Totals	0	0	0

31.4	Describe the sources or methods utilized in determining the fair values:					
32.1	Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?	Ye	es [Х]	No I	[]
32.2	If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?	Υє	es [Х]	No	[]
32.3	If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:					
	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?	Υє	es [Х]	No	[]
34.	By self-designating 5GI securities, the reporting entity is certifying the following elements of each self-designated 5GI security: a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available. b. Issuer or obligor is current on all contracted interest and principal payments. c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal. Has the reporting entity self-designated 5GI securities?	Ye	es []	No	[X]
35.	By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security: a. The security was purchased prior to January 1, 2018. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators. d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO. Has the reporting entity self-designated PLGI securities?	Υe	es [1	No	[X]
36.	By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund: a. The shares were purchased prior to January 1, 2019. b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security. c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019. d. The fund only or predominantly holds bonds in its portfolio. e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO. f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed. Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?	Υŧ	es [1	No	[X]
37.	By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following: a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date. b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties. c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review. d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments. Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria?	1	No 1	[]	N/	'A [X

38.1	Does the reporting entity directly hold cryptocurrencies?			Yes [] No	[X]
38.2	If the response to 38.1 is yes, on what schedule are they reported?					
39.1	Does the reporting entity directly or indirectly accept cryptocurrencies as payments for	or premiums on policies?		Yes [] No	o [X]
39.2		diately converted to U.S. dollars?] No	
39.3	If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments	of premiums or that are held direct	ly.			
	1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums			
	- Name of Cryptocarterity	†	Tromano			
	OTHE	R				
40.1 40.2	Amount of payments to trade associations, service organizations and statistical or ra List the name of the organization and the amount paid if any such payment represenservice organizations and statistical or rating bureaus during the period covered by the Name	ted 25% or more of the total payments statement.	ents to trade association 2 unt Paid	ns,		
41.1	Amount of payments for legal expenses, if any?			\$		0
41.2	List the name of the firm and the amount paid if any such payment represented 25% during the period covered by this statement.	or more of the total payments for le	egal expenses			
	1 Name	Amou	2 unt Paid			
42.1	Amount of payments for expenditures in connection with matters before legislative be	odies, officers or departments of go	vernment, if any?	\$		0
42.2	List the name of the firm and the amount paid if any such payment represented 25% connection with matters before legislative bodies, officers, or departments of governments of governments.					
	1 Name	Δποι	2 unt Paid			
	Name					

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force			
1.2 1.3	If yes, indicate premium earned on U.S. business only			
	1.31 Reason for excluding	- Applicated Exhibit	.Ψ	
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien r	port included in Item (1.2) above	¢	(
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.			
1.6	Individual policies:	Most current three years:	. Ψ	
	marriada ponoido.	1.61 Total premium earned	\$	(
		1.62 Total incurred claims		
		1.63 Number of covered lives		
		All years prior to most current three years:		(
		1.64 Total premium earned	. \$	
		1.65 Total incurred claims		
		1.00 Number of covered lives		
1.7	Group policies:	Most current three years:		
		1.71 Total premium earned	\$	(
		1.72 Total incurred claims		
		1.73 Number of covered lives		
		All years prior to most current three years:		
		1.74 Total premium earned		(
		1.75 Total incurred claims		
		1.76 Number of covered lives		
		1.70 Number of covered lives		
2.	Health Test:			
		1 2		
		Current Year Prior Year		
	2.1 Premium Numerator			
	2.2 Premium Denominator	51,226,039		
	2.3 Premium Ratio (2.1/2.2)	1.000		
	2.4 Reserve Numerator			
	2.5 Reserve Denominator			
	2.6 Reserve Ratio (2.4/2.5)			
3.1	Has the reporting entity received any endowment or gift from contracting hospitals returned when, as and if the earnings of the reporting entity permits?		Yes []	No [X]
4.1	Have copies of all agreements stating the period and nature of hospitals', physicidependents been filed with the appropriate regulatory agency?		Yes [X]	No []
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these	e agreements include additional benefits offered?	Yes []	No [X]
5.1	Does the reporting entity have stop-loss reinsurance?		Yes [X]	No []
5.2	If no, explain:			
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical		
		5.32 Medical Only	. \$	(
		5.33 Medicare Supplement	\$	(
		5.34 Dental & Vision	. \$	
		5.35 Other Limited Benefit Plan	\$	(
		5.36 Other		
6.	Describe arrangement which the reporting entity may have to protect subscribers hold harmless provisions, conversion privileges with other carriers, agreements wagreements: NONE	vith providers to continue rendering services, and any other		
7.1	Does the reporting entity set up its claim liability for provider services on a service	e date basis?	Yes [X]	No []
7.2	If no, give details			
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year 8.2 Number of providers at end of reporting year .		
9.1	Does the reporting entity have business subject to premium rate guarantees?	, , , , , , , , , , , , , , , , , , , ,		
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months 9.22 Business with rate guarantees over 36 months		

10.1	Does the reporting entity have Incentive Pool, Withh	old or Bonus Ar	rangements in its p	rovider contracts?	?		Yes [X]	No []
10.2	If yes:		10 10	0.22 Amount actua 0.23 Maximum am	ally paid for year bo lount payable withh	sesoldsthholds	\$	0
11.1	Is the reporting entity organized as:			11.13 An Indivi	al Group/Staff Modedual Practice Asso Model (combinatio	ciation (IPA), or,	Yes []	No [X] No [X] No [X]
11.2 11.3 11.4 11.5	Is the reporting entity subject to Statutory Minimum (If yes, show the name of the state requiring such min If yes, show the amount required	nimum capital ar	nd surplus				\$	No [] <u>Michigan</u> 6,963,960 No [X]
11.6	If the amount is calculated, show the calculation						.00 []	
12.	List service areas in which reporting entity is license	d to operate:	1 Name of Service	Area				
13.1	Do you act as a custodian for health savings accoun	its?					Yes []	No [X]
13.2	If yes, please provide the amount of custodial funds	held as of the re	porting date				\$	0
13.3	Do you act as an administrator for health savings ac	counts?					Yes []	No [X]
13.4	If yes, please provide the balance of funds administe	ered as of the re	porting date				\$	0
14.1 14.2	Are any of the captive affiliates reported on Schedule If the answer to 14.1 is yes, please provide the follow		orized reinsurers?			Yes [] No [X]	N/A []
	1	2	3	4		Supporting Reserv		
	Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	5 Letters of Credit	6 Trust Agreements	7 Other	
15.	Provide the following for individual ordinary life insurceded):	ance* policies (l	J.S. business only)	15.1 [15.2]	 Direct Premium Wr Γotal Incurred Clain	ittenns	\$	0
	Term(whether full und Whole Life (whether f Variable Life (with or Universal Life (with or Variable Universal Life	derwriting, limited full underwriting, without secondar without second	limited underwritin ry gurarantee) ary gurarantee)	ssue, "short form g, jet issue, "shor				
16.	Is the reporting entity licensed or chartered, registered	ed, qualified, elig	gible or writing busi	ness in at least tw	o states?		Yes [] No	[X]
16.1	If no, does the reporting entity assume reinsurance be domicile of the reporting entity?						Yes [] No	[X]

FIVE-YEAR HISTORICAL DATA

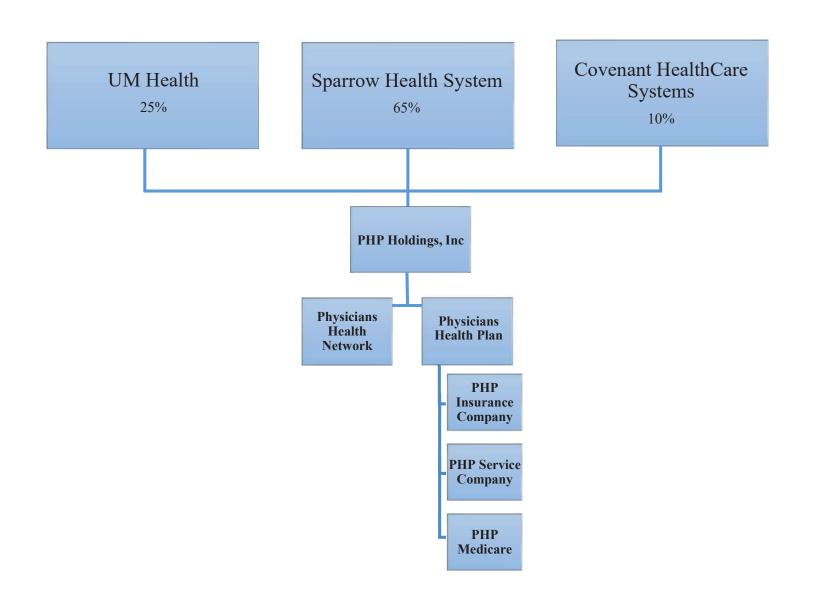
		1 2022	2 2021	3 2020	4 2019	5 2018
	Balance Sheet (Pages 2 and 3)					
1.	Total admitted assets (Page 2, Line 28)	26 750 908	25 130 599	23 318 081	12 116 123	0
2.	Total liabilities (Page 3, Line 24)					
3.	Statutory minimum capital and surplus requirement					
4.	Total capital and surplus (Page 3, Line 33)					
٦.	Income Statement (Page 4)	12,200,002	10,010,040	11,000,020		
5.	Total revenues (Line 8)	74 334 677	51 226 030	30 676 854	0	,
	Total medical and hospital expenses (Line 18)					
6. 7.	Claims adjustment expenses (Line 20)					
	Total administrative expenses (Line 21)					
8.	Net underwriting gain (loss) (Line 24)					
9.	Net investment gain (loss) (Line 27)					
10.	Total other income (Lines 28 plus 29)					
11.	Net income or (loss) (Line 32)					
12.		(12,096,554)	(13,086,007).	(8,170,607)	(11,0/1,921)	u
	Cash Flow (Page 6)	(45 004 000)	(44,000,440)	(0,000,005)	(4,000,045)	
13.	Net cash from operations (Line 11)	(15,891,322)	(11,369,440)	(8,306,265)	(4,368,345)	
	Risk-Based Capital Analysis	10,000,000	10.010.010	44 000 000	0.540.070	
14.	Total adjusted capital					
15.	Authorized control level risk-based capital	3,481,980	2,686,317	1,790,813	22,736	0
	Enrollment (Exhibit 1)	7.540	5 507	0.500		
16.	Total members at end of period (Column 5, Line 7)					
17.	Total members months (Column 6, Line 7)	87,783	63,617	40 , 165	0	0
	Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18.	Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19.	Total hospital and medical plus other non-health (Lines 18 plus Line 19)	93.5	97.9	91.3	0.0	0.0
20.	Cost containment expenses	6.4	6.2	9.6	0.0	0.0
21.	Other claims adjustment expenses	1.8	1.7	2.7	0.0	0.0
22.	Total underwriting deductions (Line 23)	116.4	125.6	126.8	0.0	0.0
23.	Total underwriting gain (loss) (Line 24)	(16.4)	(25.6)	(26.8)	0.0	0.0
	Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24.	Total claims incurred for prior years (Line 17, Col. 5)	(44,566)	1,921,144	0	0	
25.	Estimated liability of unpaid claims-[prior year (Line 17, Col. 6)]	2,597,192	3,774,046	0	0	
	Investments In Parent, Subsidiaries and Affiliates					
26.	Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	
27.	Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0 .	0	0	
28.	Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0 .	0	0	(
29.	Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0		0	0	
30.	Affiliated mortgage loans on real estate					
31.	All other affiliated					
32.	Total of above Lines 26 to 31					
33.	Total investment in parent included in Lines 26 to					
	31 above.	0	0	0	0	C

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

Allocated by States and Territories 1 Direct Business Only												
			1	2	3	4	5	6 Federal Employees Health	7 Life and Annuity	8	9	10
1.	States, etc.	AL	Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Benefits Program Premiums	Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
2.	Alaska	AK	N	0	0	0	0	0	0	0	0	0
3.	Arizona	AZ	N	0	0	0	0	0	0	0	0	0
4.	Arkansas	AR	N	0	0	0	0	0	0	0	0	0
5.	California	CA	N	0	0	0	0	0	0	0	0	0
6.	Colorado	CO	N	0	0	0	0	0	0	0	0	0
7. 8.	Connecticut Delaware	CT DE	N N	0	0	0	0	0	0	0	0	0
9.	District of Columbia	DC	N		0	0	0			o	n	0
	Florida	FL	N	0	0	0	0	0	0	0	0	0
11.	Georgia	GA	N	0	0	0	0	0	0	0	0	0
12.	Hawaii	HI	N	0	0	0	0	0	0	0	0	0
13.	Idaho	ID	N	0	0	0	0	0	0	0	0	0
	Illinois	IL	N	0	0	0	0	0	0	0	0	0
	Indiana	IN	N N	0	0	0	0	0	0	0	0	0
16. 17.	lowa	IA	N N	0	0	0 0	0	o	0			0
17.	Kansas Kentucky	KS KY	N N	n	0	0	n	n	0	n	n	 n
	Louisiana	LA	N	0	0	0	0	0	0	0	0	
	Maine	ME	N	0	0	0	0	0	0	0	0	0
21.	Maryland	MD	N	0	0	0	0	0	0	0	0	0
22.	Massachusetts	MA	N	0	0	0	0	0	0	0	0	0
	Michigan	MI	L	0	75, 121,089	0	0	0	0	0	75, 121, 089	0
	Minnesota	MN	N	0	0	0	0	0	0	0	J0	0
25. 26.	Mississippi Missouri	MS MO	N N	0	0	0	0	0	0	0	0	0
	Montana	MT	N	0		0			0	n	n	0
28.	Nebraska	NE	N	0	0	0	0	0	0	0	0	0
	Nevada	NV	N	0	0	0	0	0	0	0	0	0
30.	New Hampshire	NH	N	0	0	0	0	0	0	0	0	0
31.	New Jersey	NJ	N	0	0	0	0	0	0	0	0	0
32.	New Mexico	NM	N	0	0	0	0	0	0	0	0	0
33.	New York	NY	N	0	0	0	0	0	0	0	0	0
34.	North Carolina	NC	N	0	0	0	0	0	0	0	0	0
35. 36.	North Dakota Ohio	ND OH	N N	0	0	0 0	0		0		0	0
37.	Oklahoma	OK	N	0		0	0	0	0	0	0	0
38.	Oregon	OR	N	0	0	0	0	0	0	0	0	0
	Pennsylvania	PA	N	0	0	0	0	0	0	0	0	0
40.	Rhode Island	RI	N	0	0	0	0	0	0	0	0	0
41.	South Carolina	SC	N	0	0	0	0	0	0	0	0	0
42.	South Dakota	SD	N	0	0	0	0	0	0	0	0	0
	Tennessee	TN	N	0	0	0	0	0	0	0	0	0
44.	Texas	TX	N	0	0	0	0	0	0	0	0	0
	Utah Vermont	UT VT	N	0	0 0	0	0	0	0	0	0	0
	Virginia	V I VA	N	0	0	0	0	0	0	0	0	0
	Washington	WA	N	0	0	0	0	0	0	0	0	0
	West Virginia		N	0	0	0	0	0	0	0	0	0
	Wisconsin		N	0	0	0	0	0	0	0	0	0
	Wyoming	WY	N	0	0	0	0	0	0	0	0	0
52.	American Samoa	-	N	0	0	0	0	0	0	0	0	0
	Guam	GU	N	0	0	0	0	0	0	0	0	0
	Puerto Rico U.S. Virgin Islands	PR VI	N	0	0 0	0	0	0	0	0	0	0
	Northern Mariana	VI	IV	U	0	0	0	0	0	l	0	0
50.	Islands	MP	N	0	0	0	0	0	0	0	0	0
	Canada	CAN	N	0	0	0	0	0	0	0	0	0
58.	Aggregate Other	0.7	VAA4	_		^	_	_	_	_	_	_
59.	Aliens Subtotal		XXX	0	0 75, 121,089	0 0	0	0	0	0	0	0
60.	Reporting Entity Contributions for En	nployee										
04	Benefit Plans		XXX	0	0	0	0	0	0	0	0	0
61.	Totals (Direct Busine DETAILS OF WRITE		XXX	0	75, 121, 089	0	0	0	0	0	75, 121, 089	0
58001.	DETAILS OF WRITE		XXX									
58002.			XXX									
58003.			XXX									
58998.	Summary of remaining write-ins for Line 58 for overflow page		XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 to 58003 plus 58998)(L											
	above) e Status Counts:		XXX	0	0	0	0	0	0	0	0	0

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE PHP Medicare OVERFLOW PAGE FOR WRITE-INS

NONE